

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13226



3 - OUTPATIENT

000001

REHABILITATION SERVICES
EVALUATION FORM

() INPATIENT (X) OUTPATIENT

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3/5/99 GJH

Social: The patient was a student at the [REDACTED] in his sophomore year as he was taking up a degree in education. The patient graduated from [REDACTED] and was involved in many sports.

OBJECTIVE

Cognition: The patient is oriented to month and year but not to specific date.

Range of Motion: Right ankle with dorsiflexion deficits as follows: 12 degrees plantarflexion to 50 degrees plantarflexion active range of motion. [REDACTED] Remaining range of motion is within normal limits of bilateral upper extremities and lower extremities.

Motor Control: The patient presents with decreased right upper extremity supination, pronation, and intrinsic musculature of his right hand with positive tremors noted. The patient also with decreased right lower extremity motor control noted about the ankle with symmetric motor control about bilateral lower extremity hips and knees.

Tone: Increased right lower extremity tone about the ankle versus the left lower extremity.

Lower Extremity Coordination: Decreased right lower extremity with alternating dorsiflexion and plantarflexion movements. Patient with symmetric and decreased lower extremity coordination with heel-to-toe, shin, and knee activities bilaterally.

Strength: Upper extremities: right upper extremity 4/5 triceps, 4/5 biceps, 4/5 shoulder. Left upper extremity presents at 4+/5 shoulder. Lower extremities: right hip flexion presents 4-/5, right hamstrings 4/5, 3+/5 right anterior tibialis, 2/5 right ankle eversion. Left lower extremity within normal limits. Grip strength: patient with decreased right grip strength versus left; this was not specifically tested this date.

Sensation: The patient presents with intact upper and lower extremity proprioception and kinesthesia tactile sense with all movements.

Balance and Posture: Patient with good sitting dynamic and challenged sitting balance. Standing balance with the following deficits: patient with decreased posterior balance with challenged activities and dynamically reaching posteriorly. Patient routinely loses his balance posteriorly with reaching activities and with challenged activities. Patient also noted with minimal hip and ankle strategies as well as slow stepping strategies noted with challenged and dynamic standing activities.

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Sensory Interaction and Standing Balance: The patient is without vestibular complaints with the following testing. Eyes open on firm surface: patient is able to hold 30 seconds with bilateral lower extremities in standing without loss of balance noted. With single leg stance the patient is able to hold for 5 seconds on left and right lower extremity without loss of balance. Eyes closed on firm surface: patient is able to hold for 15 seconds with bilateral lower extremities in stance with increased mediolateral sway and decreased right lower extremity weightbearing noted. Upon single leg stance the patient on right lower extremity for 5 seconds and left lower extremity for 2 seconds without loss of balance. Eyes open on foam surface: patient is able to double leg stance for 10 seconds with increased posterior balance deviations noted. Patient only with 2 seconds with left lower extremity single leg stance noted with significant loss of balance. Eyes closed on foam surface: patient is unable to perform double leg and single leg stance.

Mobility: The patient demonstrates independence with all rolling and scooting in bed. The patient is noted with increased difficulty scooting supine versus rolling.

Transfers: The patient is independent with sit to stand and stand pivot transfers. With advanced transfers, the patient requires contact guard to minimum assistance of one for balance.

Ambulation: Patient utilizes a left straight cane and ambulates with standby assistance on level surfaces with the following gait deviations: decreased right knee range of motion, decreased right heel contact with increased foot drop noted with fatigue, and decreased right step length noted versus left. The patient occasionally increases right toe drag with increased fatigue. With quick steps the patient does not have any loss of balance. With quick turns the patient with occasional posterior loss of balance in four out of five attempts. With horizontal head movement the patient presents with increased gait deviations including toe drag and posterior deviating balance.

PHYSICAL THERAPY ASSESSMENT:

Behavioral Observations: Patient with a flat affect for 90% of the treatment session.

Strengths: The patient with memory and cognition as well as concentration strengths noted.

Weaknesses: 1) Decreased right lower extremity motor control greater than left lower extremity. 2) Patient with increased balance deficits upon standing and high level mobility. 3) Decreased independence with gait and increased reliance on cane or assistive device. 4) Increased gait deviations.

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SHORT TERM GOALS: Please refer to the most recent [REDACTED]
[REDACTED] Program physical therapy treatment records for short term
goals.

LONG TERM GOALS: Maximize patient's functional independence, mobility, and
safety, to return to prior activities including independent living.

PHYSICAL THERAPY RECOMMENDATIONS AND PLAN: Physical therapy plans to see the
patient up to five times a week to increased independent mobility, balance,
bilateral lower extremity motor control and safety with activities of daily
living and mobility in the department and in the community.

Date: 1/6/99

d 01/06/99 t 01/07/99

cc: [REDACTED]

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Outpatient Rehab Services

Name

Unit #

D.O.B.:

Team Conference/Progress Report

Date:

2/19/99

Attendees:

☒ Occupational Therapy

☒ Vocational Rehab

☒ Physical Therapy

☐ Therapeutic Recreation

☒ Speech Therapy

☐

☐ Rehab Psych

☒ Physician

Problems Identified:

processing slow, reading comp.
coordination, active movement

Progress:

Gains

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Review of goals:

Recommendations/Plan:

1-2 classes summer session
as a long range goal
(of RTS)

Individual Treatment Recommendations: (Please indicate # of times/wk)

3x/wk OT

3x/wk PT

PSYCH

3x/wk SP

TR

1x/wk OC

Group Treatment Recommendations:

Adjustment to Disability Group
Cognitive Skills Group
Fitness Group
Leisure Group

Alcohol and Other Drug Education & Prevention
Vocational Group
Outing Planning Group
Outing (Community) Group

Estimated length of time in the program:

1 month

Prepared by:

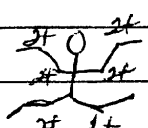
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AMBULATORY SERVICES

PROGRESS NOTES

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ADDRESSOGRAPH

DATE	CLINIC	REMARKS
	PHYSICAL	MEDICINE & REHABILITATION
2-11-99	PHYSICIAN	P-123 Ht 5'11"
	MEDICATIONS:	BPA 31/71 WT: 202#
		ALLERGIES: NKDA
NEEDS Refill		Mirapex 2.5mg TID
	REASON FOR VISIT:	1 month F/U
	REFERRING PHYSICIAN:	
2/11/99		Neuro Med Student Note
3:45pm		S: 19 y/o @ landed latino male. c No basal ganglia infarcts. 5 c/o N/V, HA; only c/o @ sided weakness in hand & leg. Shaking on @. Has PT & OT on board
		O: 131/71 wt. 202 LBS. Ht. 5'11"
		A 20x3 in NAD c no dysarthria or
		CN'S II-IX intact c good sensat @. Motor & Sensory functions intact c strength in @ exts upper & lower
		4/5.
		Reflexes  Coordination good FTN & HTS @
		Gait: some impairment c tandem gait in @ LE.
		A: 19 y/o M s/p Basal ganglia hemorrhages, improving
		@ Tremors of hands improved as well coordination
		P: 1) Mirapex 0.5mg i po TID #90 prescribed
		2) Continue PT & OT.
		Pl seen c student
		Next & would be to 1 1/2 pills (the OLS)

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REHABILITATION SERVICES

OCCUPATIONAL THERAPY TREATMENT RECORD

KEY: N/A = Goal Not Addressed * = Goal achieved; I = Improved R = Reduced; U = Unchanged	Reporting Period 1-11-99 to 1-15-99	Reporting Period 1-18-99 to 1-22-99
MONTHLY GOALS	PROGRESS	PROGRESS
1. Improve sustained divided attention/concentration for completion of daily living & school-related asks	<input type="checkbox"/> Client demonstrated fair understanding of strategies to improve sustained attention and ways of modifying the environment.	<input type="checkbox"/> Client demonstrated fair-to-good understanding of strategies to improve sustained attention and ways of modifying the environment
2. Improve immediate and delayed auditory & visual memory of newly learned information for successful return to I living & school.	<input type="checkbox"/> Client demonstrated a fair understanding of the steges of memory and use & application of compensatory memory strategies/aids	<input type="checkbox"/> Client demonstrated fair-to-good understanding of compensatory memory strategies/aids for successful completion of daily living & simulated job tasks.
3. Improve complex reasoning and problem solving abilities for successful completion of daily living and school-related tasks.	<input type="checkbox"/> Client was educated regarding strategies to improve problem solving abilities and demonstrated fair understanding.	<input type="checkbox"/> Client was educated regarding strategies to improve problem solving abilities and demonstrated fair-to-good understanding.
4. Improve organizational abilities for successful completion of complex daily living and school-related tasks.	<input type="checkbox"/> Client was educated regarding strategies to improve organizational skills and demonstrated a fair understanding.	<input type="checkbox"/> Client was educated regarding strategies to improve organizational skills and demonstrated fair-to-good understanding for successful completion of daily living & school-related tasks.
5. Improve oculomotor skills for successful return to safe driving and independent living.	<input type="checkbox"/> Client demonstrated fair oculomotor skills on tasks requiring saccades, pursuits & ROM w/moderately reduced rate of visual processing speed.	<input type="checkbox"/> Client demonstrated fair-to-good performance on standardized computer tasks requiring saccades, pursuits & scanning w/moderately reduced rate of visual processing speed.
6. Improve dynamic balance in standing for safe completion of daily living t& school-related asks.	<input type="checkbox"/> Client demonstrated fair dynamic balance in standing for completion of daily living tasks.	* <input type="checkbox"/> Client demonstrated fair =to-good dynamic balance in standing for completion of daily living tasks.
7. Improve independence in advanced transfer skills.	<input type="checkbox"/> Client required moderate assist to complete advanced transfers.	* <input type="checkbox"/> Client required moderate=to-minimal assist to safely complete advanced transfers.
8. Improve independence in home management skills for successful return to independent living.	<input type="checkbox"/> Client required moderate verbal cueing to complete home management tasks which required money management skills.	<input type="checkbox"/> Client required moderte-to-minimal verbal cueing to complete home management tasks in the area of meal planning.
9. Improve safety & independence for community mobility.	<input type="checkbox"/> Client required CG for ambulation in the community.	<input type="checkbox"/> Client required SBA for community mobility.
10. Assess pre-driving abilities	<u>N/A</u>	<u>N/A</u>
11. Improve client knowledg of home exercise program to improve normalization of postural tone/alignment/control.	<input type="checkbox"/> Client demonstrated fair understanding of home exercise program to improve postural tone/alignment/control.	<input type="checkbox"/> Client demonstrated fair-to-good understanding of home exercise program to improve postural tone/alignment/control.
12. Improve B U/E strength for successful return to I living and work	<input type="checkbox"/> Client demonstrated moderately reduced R upper extremity strength.	<input type="checkbox"/> Client demonstrated mildly reduced R upper extremity strength.
13. Improve B U/E fine motor coordination for successful completion of daily living and school-related tasks	<input type="checkbox"/> R U/E fine motor coordination skills were severely-to-moderately reduced.	<input type="checkbox"/> R U/E fine motor coordination skills were mioderately reduced.
14. Improve adaptation to disability	<input type="checkbox"/> Client demonstrated poor=to=fair adaptation to losses in previous roles and adjustment to new roles.	<input type="checkbox"/> Client demonstrated fair adaptation to losses in previous roles and adjustment to new roles.
15. Improve knowledge re: negative cumulative effects of alcohol & [redacted] & strategies to maintain abstinence from alcohol s/p [redacted]	<input type="checkbox"/> Client was educated re: the negative cumulative effects of alcohol & [redacted] & demonstrated a fair understanding of this information.	* <input type="checkbox"/> Client denibstrated a fair=to-good understanding of negative cumulative effects of ETOH & [redacted]
Plan	X Continue Treatment per Plan of Care Modify Plan of Care D/C Treatment,	X Continue Treatment per Plan of Care Modify Plan of Care D/C Treatment
Signature [redacted]		

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REHABILITATION SERVICES
SPEECH-LANGUAGE THERAPY TREATMENT RECORD

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KEY: N/A = Goal Not Addressed * = Goal achieved; I = Improved R = Reduced; U = Unchanged	Reporting Period <u>2/1/99</u> to <u>2/5/99</u>	Reporting Period <u>2/8/99</u> to <u>2/12/99</u>
MONTHLY GOALS	PROGRESS	PROGRESS
Thought organization for verbal expression of complex ideas with min. to mod. Cues for specificity.	<u>I</u> Good thought organization for expression of personal ideas (family), however, mod cues for generation of ideas for subjects not related personally to the consumer (eg. Death penalty). Continued flat affect and reduced prosody.	<u>U</u> Consumer continued to require moderate cues for expansion of generated opinions re: complex issues. Affect has improved minimally.
Reading comprehension for multi-paragraph length textbook material 80%	<u>R</u> 55% (5/9) for responding to open-ended questions re: H.S. history textbook material. Slow scanning for information. Independent use of highlighter noted.	<u>I</u> 70% (7/10) for responding to open-ended questions re: H.S. history textbook material. Improved scanning time, although still slow.
Functional math word problems 90% with min. assistance.	<u>*</u> 90% (9/10) for independent completion of functional math word problems. Goal met and discontinued.	<u>N/A</u> Goal met and discontinued.
Functional attention and information processing skills for return to school.	<u>I</u> No difficulty noted with accuracy for completion of a complex visual decoding task in the presence of auditory distractors. Processing time was slow, however.	<u>R</u> 67% (6/9) for responding to questions re: an informative chart. Reduced attention to detail.
Immediate and delayed (10-20min.) memory for complex daily living and educational information with use of strategies.	<u>*</u> Overall 95% for immediate and delayed (15 min) free recall of moderately complex classroom instructions with independent use of notes and requests for repetition and clarification.	<u>R</u> 89% overall for immediate free recall of facts from a verbal paragraph. Immediate cued recall at 40%. Delayed (15 min) free recall was at 89%, while delayed cued recall was only 17%.
Production of correct stress and intonation patterns for structured sentence length material 90%.	<u>N/A</u> Not a goal at this time.	<u>I</u> 88% (15/17) for distinguishing and producing correct intonation patterns for statements vs. questions. Stress patterns 73% (8/11) for responding to clinician questions.
Planning/organization for complex daily living/educational tasks 90% and/or min. to mod. assistance.	<u>I</u> Consumer required moderate cues for execution and organization of lesson plans for teaching the clinician Spanish. Lesson brief with minimal explanations. Cues required for generating next steps.	<u>I</u> Improved planning and carry-through of lessons for clinician, with reduced need for cues to generate next steps. Mild difficulty with progression of lesson content. Consumer improved performance on a visual organization task from 57% (4/7) to 100% (8/8) when he independently utilized recommended strategy of double checking his work.
Education Provided	Reviewed compensatory memory strategies, with excellent consumer comprehension and carry-over	Educated consumer re: stress and intonation patterns in language, and their effects on meaning and communication. He demonstrated good comprehension.
Comments	To begin working on goal to address improvement of stress and intonation.	Consumer appears motivated and is prepared for tx.. sessions (has Spanish lesson prepared, homework completed). He actively participates in all tx. tasks.
Plan	Modify Plan of Care	Continue Treatment per Plan of Care
Signature		

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Outpatient Rehab Services

Name: [REDACTED]

Unit #: [REDACTED]

D.O.B.: [REDACTED]

Team Conference/Progress Report

Date: 2/5/99

Attendees:

☒ Occupational Therapy - [REDACTED]

☒ Physical Therapy - [REDACTED]

☒ Speech Therapy - [REDACTED]

☐ Rehab Psych - [REDACTED] D.

☒ Vocational Rehab - [REDACTED]

☐ Therapeutic Recreation - [REDACTED]

☐ [REDACTED]

☒ Physician - [REDACTED]

Problems Identified: _____

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Progress: Gaining in motor area

Review of goals: Return to school

Recommendations/Plan: (R) themes better; concerns over "hump" in upper back. still flat affect, & initiation

Individual Treatment Recommendations: (Please indicate # of times/wk)
2-3x/wk OT 2-3x/wk PT _____ PSYCH 2-3x/wk SP _____ TR 1x/wk VOC

Group Treatment Recommendations:

____ Adjustment to Disability Group
____ Cognitive Skills Group
____ Fitness Group
____ Leisure Group

____ Alcohol and Other Drug Education & Prevention
____ Vocational Group
____ Outing Planning Group
____ Outing (Community) Group

Estimated length of time in the program: 4 to 6 wks

Prepared by: [REDACTED]

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REHABILITATION SERVICES
Speech-Language Therapy Treatment Record

Outpatient

ADDRESSOGRAPH

SHORT TERM GOAL	REPORTING PERIOD January 14, 1999	REPORTING PERIOD January 20 & 21, 1999
	Progress	Progress
Thought organization for verbal expression of complex ideas with min. to mod. cues for specificity.	75% for independently expressing pro's/con's; 90% with mod cues to	Did not address; although discussed need to expand when conversing with people versus given 1-2 word responses tends to demonstrate more responsive speech than propositional.
Reading comprehension for multi-paragraph length textbook material 80%	90% for multiple paragraphs	4 paragraphs from a college textbook at 80%
Functional math word problems 90% with min. assistance.	42% independent for simple story problems, with mod-max cues, pt at 100% accuracy.	90% for simple story problems (up from 42%)
Functional attention and information processing skills for return to school.	Did not address	Sustained/selective attention at 90%
Immediate and delayed (10-20min.) memory for complex daily living and educational information with use of strategies.	Did not address	Immediate memory for simple telephone messages utilizing compensatory strategies at 60%. demonstrated slow information processing for note taking and mildly-moderately reduced ability to select relevant versus irrelevant information
Planning/organization for complex daily living/educational tasks 90% and/or min. to mod. assistance.	Looking up info in the phone book at 100% independent; however, his speed of information processing was significantly impaired	Did not address
EDUCATION	Briefly reviewed result with pt and his mother.	Mrs. requested an in depth explanation of test results. Spent 40 minutes reviewing all tests, rationale of those chosen, performance and implications for independent living/return to academic career. Mrs. verbally acknowledged comprehension and asked appropriate questions. reported that he understood, but his understanding is questionable.
COMMENTS	insight is limited	Pt only seen 2 times this week due to MLK holiday.
PLAN	Continue with tx per care plan	Continue with tx per care plan
Speech-Language Pathologist		

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- F. Home Management:
1. Meal Planning/Preparation: Dep cold meal prep.; dep. more advanced.
 2. Shopping: Dep.
 3. Money Management: Dep.
 4. Household Maintenance: Dep.

G. Parenting: N/A

H. Driving: Dep.

II. Sensorimotor Functioning:

Neuromusculoskeletal:

A. Postural Tone: 1/2 throughout @ Remitbody.

B. Postural Alignment: bits in a PPT c. v'd upper thoracic ext. & forward head; able to assume aligned posture c. chair.

C. Postural Control: Unable to laterally shift onto @ or @ side; able to actively rotate upper trunk on lower trunk; able to @ dissociate.

D. Myofascial Tightness: @ shoulders & neck. @ scapular.

E. U E Range of Motion: WFL in @ APPROX.

F. Strength: 4+15 Throughout @ UE; 4-15 Throughout @ UE.

G. Grip Strength: @ 60# (BNL) @ 22# (BNL)

H. Endurance: Takes a nap 2x/day.

Motor:

A. Fine Motor Speed/Dexterity: @ 45 sec. (v10th 90)
@ 35 sec. (v10th 90)

B. Balance:

1. Sitting

a. Static: WFL

b. Dynamic: WFL

2. Standing

a. Static: WFL

b. Dynamic: F

C. Functional Mobility: ambulate c SBA using straight core.

D. Adaptive Equipment: Straight core, tub bench, wheeled walker, B/S commode.

Sensory:

A. Sensation:

1. Tactile: WFL
2. Proprioceptive: WFL
3. Vestibular: Ø
4. Vision:

Corrective Lenses:

Yes X

No

a. Visual Acuity:

1. Distance Vision: 20/40⁻¹ (BNL)
Both Eyes: 20/40⁻¹ (BNL)
Right Eye: 20/50⁻¹ (BNL)
Left Eye: 20/100 (BNL)
2. Near Vision: 20/40 (BNL)
Both Eyes: 20/40 (BNL)
Right Eye: 20/40 (BNL)
Left Eye: 20/40 (BNL)

b. Peripheral Vision:

1. Confrontation Testing:

Upward: WFL

Downward: ↓

Inward: ↓

Outward: ↓

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REHABILITATIVE SERVICES

OCCUPATIONAL THERAPY EVALUATION FORM

Name: [REDACTED]

D.O.B: [REDACTED]

Clinic: [REDACTED]

ADDRESSOGRAPH

2. Ability to perceive two visual inputs simultaneously, one in each hemisphere:

WFL

c. Oculomotor Control:

1. Alignment: WFL
2. ROM: WFL - mild jerky
3. Convergence: WFL
4. Saccades: mildly reduced
5. Pursuits: mildly reduced
6. Scanning: WFL
7. Visual Processing Speed: 21.9 + 19.8 + 34.4

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B. Perception:

1. Visual Perception: WFL
2. Depth Perception: 140 seconds (BNL)

III. Cognitive Functioning:

A. Orientation:

- P Functional: Oriented to person, place, day and date, and purpose for testing and treatment
- Reduced: Oriented to person, place, month, day and year but not date
- Non-functional: Unable to recall basic historical facts. Confused regarding past personal information.

B. Attention/Concentration (Selective):

- X Functional: Independently performs tasks requiring the ability to choose the relevant stimuli while simultaneously suppressing the irrelevant stimuli
- Reduced: Attention is functional for short tasks with structure and minimal distractions
- Non-functional: Maximal structure and/or cueing required to attend to task

C. Attention/Concentration (Sustained):

- X Functional: Independently performs tasks requiring prolonged attention and concentration
- Reduced: Attention is functional for short tasks with structure and minimal distractions
- Non-functional: Maximal structure and cueing needed to attend to tasks

D. Attention/Concentration (Divided):

- P Functional: Independently shifts attention required for competing tasks
- Reduced: Attention is functional for competing tasks
- Non-functional: Maximal structure and cueing needed to attend to competing tasks

E. Visual Memory-Immediate:

- X Functional: Independently recalls newly learned visual information.
- Reduced: Recalls general ideas from newly learned visual information with cues.
- Non-functional: Unable to recall or recognize previously presented visual information.

F. Visual Memory-Delayed:

- X Functional: Independently recalls visual information following at least a 10 minute delay
- Reduced: Recalls general ideas from visual information after delay but requires cues
- Non-functional: Unable to recall or recognize previously presented visual information with delay

G. Auditory Memory-Immediate:

- P Functional: Independently recalls newly learned auditory information.
- X Reduced: Recalls general ideas from auditory information with cues.
- Non-functional: Unable to recall or recognize previously presented auditory input.

H. Auditory Memory-Delayed:

- X Functional: Independently recalls auditory information following at least a 10 minute delay.
- Reduced: Recalls general ideas from auditory information after delay but requires cues
- Non-Functional: Unable to recall or recognize previously presented auditory information with delay.

I. Basic Problem-Solving/Reasoning:

- P Functional: Independently solves vocational/educational/daily living tasks.
- Reduced: Generates solutions to vocational/educational/daily living tasks but requires cues
- Non-functional: Unable to generate solutions to vocational/educational/daily living tasks

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J. Complex Problem-Solving/Reasoning: *Mildly reduced*

Functional: Independently solves complex vocational/educational/daily living tasks.
Reduced: Generates solutions to complex vocational/educational/daily living tasks with cues.
Non-functional: Unable to generate solutions to complex vocational/educational/daily living tasks

K. Organization/Sequencing: *Mildly reduced*

Functional: Independently sequences complex thoughts and subsequent tasks in organized manner.
Reduced: Able to sequence basic thoughts and subsequent tasks in organized manner with cues
Non-functional: Unable to sequence basic thoughts/tasks

L. Executive Functioning: *Mildly reduced*

Functional: Independently plans, initiates, and carries out complex tasks, as well as monitors own performance.
Reduced: Able to plan, initiate, and carry out basic tasks, but requires cues for complex tasks and self-monitoring
Non-functional: Unable to plan, initiate, and carry out a task. Unable to self-monitor

M. Insight:

Functional: Able to recognize own physical/cognitive/psychosocial strengths and limitations
Reduced: Able to recognize own strengths and limitations with cueing
Non-functional: Unable to recognize own strengths and limitations

IV. Psychosocial Skills

A. Adjustment to Disability: *Reports difficulty adjusting to losses in previous roles + adaptations to new roles.*

B. Interpersonal Skills: *Reduced initiation*

C. Behavioral Impressions: *Emotionally labile*

V. Leisure Interests

Basketball, pool, boxing.

Consumer Goals:

"To get back to school to graduate + become a teacher"

Impressions

Client presented c. mod. dep. in advanced transfers + SBA for basic transfers; SBA for community mobility; dep. in home management tasks in the areas of meal planning/prep, shopping, money management, + driving; Hld postural tone throughout @ hemibody; asymmetrical posture; reduced postural control; myofascial tightness in @ shoulder girdle; @ UE weakness (@ > @). Impaired fine motor speed/dexterity in @ UE's (@ > @); F dysonomic balance in standing; abnormal gait pattern. Impaired near + distance visual acuity; mildly impaired oculomotor

Recommendations:

Control in areas of: Rom, saccades, pursuits + visual processing speed; reduced depth perception; and mild-to-moderately reduced sustained + divided attention, immediate + delayed visual + delayed

Long-term Goals:

auditory memory; complex reasoning/problem solving + organization + emotional lability c. reported difficulty adjusting to disability.

1) Maximize successful return to @ living 3 mos.

mco Works Program 2
Occupational Therapist

successful return to school, 3 mos.

Date *1/8/99*

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REHABILITATION SERVICES
EVALUATION FORM

ADDRESSOGRAPH

SPEECH-LANGUAGE EVALUATION

Dates of Evaluation: 1/7/99 and 1/1/99

Physicians: [REDACTED]

Diagnosis: encephalopathy

Handedness: Right

Medical History: Mr. [REDACTED] is a 19 y.o. male who was found unresponsive on the floor on 11/8/98. There was blood evident on the floor. He was taken to [REDACTED] and was then transferred to [REDACTED]. Mr. [REDACTED] was diagnosed with diabetic ketoacidosis, altered mental status (coma), pancreatitis, hepatitis, acute renal insufficiency, Rhabdomyolysis, upper GI bleed, and hypokalemia. He was admitted to [REDACTED] on 12/9/98, where he received therapies until his discharge on 12/31/98. Previous medical history is apparently not significant.

Social History: Mr. [REDACTED] is a sophomore at the [REDACTED] majoring in Spanish education. He reports getting A's and B's. There is no history of learning problems or special classes. At school, Mr. [REDACTED] worked as equipment manager for the football team. Prior to his illness, he lived in a house close to campus with 2 other friends. He is currently residing with his parents and 2 younger sisters. He also has one older brother. Changes noted by Mr. [REDACTED] since the illness include talking slower, and reduced right hand control (shaky). Mr. [REDACTED] mother, who was present during the evaluation, noted that he is less conversive and does not initiate as much.

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Functional Communication Status prior to evaluation:

☐ No prior therapy for this diagnosis
☒ Previous treatment rendered [REDACTED] 12/10-12/31/98

Tests Administered: (Selected Subtest- S) (Entire test - X)

☐ S Scales Of Cognitive Ability For Traumatic Brain Injury (SCATBI)
☐ S Test of Everyday Attention (TEA)
☒ X Informal measures of functional language and cognitive skills.

COMMUNICATIVE FUNCTIONING

Auditory Comprehension (Understanding)

① R N NA Personal yes/no questions
① R N NA Complex yes/no questions
① R N NA Simple commands/instructions
① R N NA Complex commands/instructions
① R N NA General Conversation
① R N NA Spoken paragraph length information

Comments:

per [REDACTED] Rehab Report.

Expressive Language

① R N NA Automatic Speech
① R N NA Word Finding/Retrieval
① R N NA Sentence Production
I ① R N NA Conversation
I ① R N NA Complex thought organization

Comments:

Pragmatics

I ① R N NA Initiation of conversation
I ① R N NA Facial expression
① R N NA Eye contact
① R N NA Turn taking
I ① R N NA Topic maintenance
I ① R N NA Prosody

Comments:

000015

**REHABILITATION SERVICES
EVALUATION FORM**

SPEECH-LANGUAGE EVALUATION - Page 2

Oral Motor Skills: X WNL Reduced Dysarthria Apraxia Dysphagia

Comments: _____

Voice: WNL X Reduced

Comments: Reduced intensity and quality noted, although it reportedly has improved since Mr. [REDACTED] was an inpatient. Intelligibility is WNL for a quiet 1:1 environment.

Intelligibility: X WNL Reduced at the word/sentence/conversation level.

Reading Comprehension: X Glasses/contact lenses Visual field cut/neglect (R/L)

I	(R)	N	NA	Tracking/scanning of printed information
(1)	R	N	NA	Sentences
(1)	R	N	NA	Paragraphs
(1)	(R)	N	NA	Multiple paragraphs
I	(R)	N	NA	Inferential material

Comments: slow scanning time

Written Expression: Copies X Formulates X Preferred Hand Nonpreferred Hand

I	(R)	N	NA	Visual-Spatial organization
I	(R)	N	NA	Signature
(1)	R	N	NA	Words
(1)	R	N	NA	Sentences
(1)	(R)	N	NA	Paragraphs
I	(R)	N	NA	Legibility
I	(R)	N	NA	Spelling
I	R	N	NA	Syntax/Grammar

Comments: Speed and legibility reduced due to tremors in preferred right hand.

Calculation: Presentation: x Visual Verbal

Response Mode: Verbal x Written

(1)	R	N	NA	Addition (1-2 digit/3-4 digit)
(1)	R	N	NA	Subtraction (1-2 digit/3-4 digit)
(1)	R	N	NA	Multiplication (1-2 digit/3-4 digit)
(1)	R	N	NA	Division (1-2 digit/ 3-4 digit)
I	(R)	N	NA	Functional math word problems

Comments: _____

Behavioral Style:

<input checked="" type="checkbox"/>	Alert
<input checked="" type="checkbox"/>	Appropriate
<input checked="" type="checkbox"/>	Agitated
<input checked="" type="checkbox"/>	Delayed Responses
<input type="checkbox"/>	Impulsive
<input type="checkbox"/>	Labile
<input type="checkbox"/>	Lethargic
<input checked="" type="checkbox"/>	Perseverative
<input checked="" type="checkbox"/>	Reduced Initiation
<input checked="" type="checkbox"/>	Reduced Insight
<input type="checkbox"/>	Uncooperative

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REHABILITATION SERVICES EVALUATION FORM

ADDRESSOGRAPH

SPEECH-LANGUAGE EVALUATION - Page 3

COGNITIVE FUNCTIONING

Attention/Concentration

☐ Intact: Independently performs tasks requiring prolonged attention and concentration
☒ Reduced: Attention is functional for short tasks with structure and minimal distractions
☐ Non-functional: Maximal structure and cueing needed to attend to tasks

Shifting Attention

☒ Intact: Independently shifts attention from task to task
☒ Reduced: Requires cues to shift
☐ Non-functional: Unable to shift attention

Divided Attention

☐ Intact: Independently divides attention between tasks
☒ Reduced: Requires cues to attend to more than one task
☐ Non-functional: Able to attend to only one task at a time

Orientation

☒ Intact: Oriented to person, place and purpose for testing and treatment
☐ Reduced: Oriented to _____, but not _____
☐ Non-functional: Disoriented and does not show awareness of purpose

Memory-Remote

☒ Intact: Adequate recall for general information, historical and past personal information
☐ Reduced: General recall, but reduced in detail. May have gaps in recall of past information.
☐ Non-functional: Unable to recall basic historical facts. Confused regarding past personal information.
☐ Could Not Test

Memory-Recent

☐ Intact: Accurately recalls day-to-day information, as well as details from complex auditory/visual input following at least a 10 minute delay
☒ Reduced: Recalls general ideas from auditory/visual input at the short paragraph level after delay but requires cues for details.
☐ Non-functional: Unable to recall or recognize previously presented input with delay.
☐ Could Not Test

Memory-Immediate

☐ Intact: Adequately recalls main ideas and detail from complex auditory/visual input. Repeats strings of digits, words and instructions with ease.
☒ Reduced: Recalls general ideas from auditory/visual input at the short paragraph level, but requires cues for detail. Needs multiple repetitions to repeat.
☐ Non-functional: Unable to recall or recognize previously presented input
☐ Could Not Test

Organization/Sequencing

☐ Intact: Expresses self in organized fashion. Adequately sequences functional activities.
☒ Reduced: Performs basic tasks in orderly fashion, but requires cues for complex tasks and concise communication
☐ Non-functional: Unable to sequence basic motor or verbal tasks.
☐ Could Not Test

Problem Solving/Abstract Reasoning

☐ Intact: Solves verbal/visual problems adequately for age and experience
☒ Reduced: Generates solutions to concrete familiar problems but requires cues for complete analysis
☐ Non-functional: Unable to generate reasonable solutions
☐ Could Not Test

Learning

☐ Intact: Independently learns new information and implements strategies with compensatory strategies
☒ Reduced: Learning rate is slow. May need repeated instruction and assistance with compensatory strategies
☐ Non-functional: Does not learn and retain new information. Totally reliant on others to provide strategies
☐ Could Not Test

Executive Functions

☐ Intact: Independently sets realistic goals, formulates a plan of action, completes plan efficiently and self-monitors behavior.
☐ Reduced: Needs assistance in setting realistic goals, formulating and executing a plan and/or monitoring behaviors.
☐ Non-functional: Unable to initiate, plan, monitor and/or set behaviors.
☒ Did Not Test

Comments: Performance on the TEA revealed scores below the mean for Mr. [redacted] age group in the areas of auditory selective attention, visual shifting attention, visual scanning, divided attention, and sustained attention. Administration of the Recall and Reasoning subtests of the SCATBI yielded a severity score of 11 on a scale from 3 to 17. This is considered mild. On the AVLTL, scores were one SD below the mean for students on all 5 trials. Performance did improve with repetition and did not decrease following a distractor.

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REHABILITATION SERVICES
EVALUATION FORM

SPEECH-LANGUAGE EVALUATION – Page 5

Impressions: Primary language abilities were not assessed due to the speech evaluation from [REDACTED] reporting these abilities to be functional. During the evaluation, however, verbal expression appeared to be reduced for thought expression, with numerous pauses to “search” for words, and some self corrections and re-wording. Cues were required for Mr. [REDACTED] to expand upon and explain his responses as they were often vague. Vocal intensity was reduced, however, intelligibility was functional for a quiet environment. Affect and facial expression were significantly limited. Minimal initiation of conversation noted. Reading comprehension was reduced for multiparagraph material, and for inferential material. Written expression was slow and labored, with poor to fair legibility due to tremors in Mr. [REDACTED] preferred right hand. He is apparently on medication to control the tremors, but it does not seem to be effective. Content of writing revealed reduced spelling and punctuation. Premorbid writing abilities unknown at this time. Calculation skills were intact for 3-4 digits, however, reduced for word problems. Cognitively, Mr. [REDACTED] demonstrated deficits in the areas of selective auditory attention, speed of visual scanning, immediate and short term memory, and reasoning/problem solving. Basic organizational skills were intact, however, complex organization skills were not assessed. Executive functioning skills also not assessed due to time constraints.

Communication Prognosis: Prognosis for improvement of cognitive-communicative skills for return to school is fair to good, given the consumer's age and fairly high level of functioning. Insight into strengths and needs is reduced, however.

Recommendations: Mr. [REDACTED] is an appropriate candidate for the [REDACTED]. He would benefit from individual speech therapy 3x/wk. Participation in cognitive and planning/outing groups is also recommended.

Long Term Goals: (8-12 wks.)

1. Consumer/family education re: brain injury and sequelae, consumer strengths and needs, tx. Progress, strategies and recommendations.
2. Improvement of cognitive-communicative skills to a level commensurate with premorbid skills and residual abilities.

[REDACTED]

1/12/99
Date

Copies: Medical Records
Clinician's File
Business Office

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REHABILITATION SERVICES
PHYSICAL THERAPY TREATMENT RECORD

KEY: N/A = Goal Not Addressed * = Goal achieved; I = Improved R = Reduced; U = Unchanged	Reporting Period 12/28/98 1/6/99	Reporting Period 1/11/99 to 1/18/99
MONTHLY GOALS	TO BE ADRESSED BY	PROGRESS
1. Pt will improve endurance to tolerate five hours of activity with minimal rest breaks to increase independent living situations.	aero-dyne bicycle, overhead pulleys, UBE, treadmill (with SBA) to increase as tolerated, and variety of standing exercises.	I Pt is currently able to tolerate 10 min on the stationary bike, 10 min on the treadmill and 30 min of other activities without complaints or difficulties.
2. Pt. will improve balance upon standing to perform normal activities of daily living with out loss of balance and with out use of assistive device to increase independence with independent living.	Standing challenged and dynamic reaching exercises. Utilization of foam and variety of surface textures. Performance of multiple reaching exercises without UE balance assistance. Advance double to single leg as able.	I Pt is ambulating during therapy without an assistive device without difficulty. On the treadmill, he is able to walk with 1 UE support and good balance. On foam, pt has min difficulty maintaining balance with activities.
3. Pt. will be able to ambulate independent of assistive device on variety of surfaces with out loss of balance to promote independence of mobility in community.	Gait with st. cane to progress to without device on levels, foam, unlevel surfaces. Treadmill as able. Also stairs to increase as tol. with decreased use of UE support.	I As above, will begin ambulating on other surfaces without assistive device.
4. Pt. will demonstrate independent safety awareness skills for independence in community with out caregiver assistance required.	Challenged and new environmental situations with balance and mobility training. Interaction with staff and peers for group task activities.	U Pt was noted to engage in activities with decreased safety awareness, for example he tried to pick up a chair and move it but began to lose his balance. When he was reprimanded he said that he was strong enough to move it. He continues to need min assistance reasoning through activities also.
5. Pt. will be able to ambulate community distances with improved gait mechanics to increase safety and efficiency of mobility .	Pre-gait exercises in parallel bars to advance gait without device. Right ankle proprioceptive input closed chain exercises to increase as tol..	N/A
Education Provided	Pt was oriented to Physical Therapy program this date. Pt was also oriented on what areas of function would be worked on in PT, and pt understands and was in agreeance. Further education of home program will be done in the future.	Pt was educated on the significance of safety. Pt was also advised on the importance of focusing on what his feet are doing when he is walking, reminding himself to pick up his feet so that he does not trip.
Comments	Pt was seen this date by Physical Therapist for initial evaluation. Please refer to it for further details and for long term goals. Pt will be followed by PTA, and reassessed by PT as needed.	Pt tolerated therapy without complaints. He is rather quiet and speaks only when spoken to.
Plan	Pt to be seen 4 times a week for activities to achieve above goals.	Pt to continue toward goal achievement 3-4 time per week.
Signature		

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REHABILITATION SERVICES
EVALUATION FORM

() INPATIENT (X) OUTPATIENT



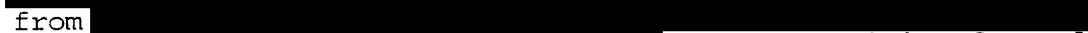
PHYSICAL THERAPY EVALUATION

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PHYSICAL THERAPY EVALUATION

DATE OF BIRTH: August 23, 1979.

REFERRAL SOURCE: 


HISTORY: The patient is a 19-year-old, Hispanic male found unresponsive in his college dorm room status post diabetic ketoacidosis episode on November 7, 1998, with ischemic hippocampal injury. The patient reports an initial 3-1/2 week stay at  before discharge to the  on December 4, 1998. The patient was discharged home from  on December 31, 1998. The patient has a past medical history positive for multiple right ankle sprains with the last being two years ago. Also history of L2 fracture around four years ago and the patient was in a back brace for six months.

SUBJECTIVE

Goals: The patient states that his goals are to be able to walk better without a device, to be able to run, and to be able to write better.

Strengths: The patient states his strengths are his memory and his ability to move in bed and transfer.


Weaknesses: The patient reports his right lower extremity and balance are primarily deficits which cause decreased independent walking ability and difficulty with writing.

Pain: The patient has zero complaints of pain with all mobility this date. The patient verbalizes he has occasional back pain with high level activities.

Fatigue: The patient states that he has fatigue with increased periods of time sitting as he takes two to three naps a day which last about one-half to one hour long.

Attention: The patient states he has zero deficits in his attention.

Concentration: The family reports the patient's concentration is decreased from prior to diabetic ketoacidosis incident.

Memory: The patient verbalized he has good memory as he is able to recall three out of five of his class load at the  prior to this incident.

Reaction Time: The patient states his reaction time has decreased significantly with his upper extremities and lower extremities.

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REHABILITATION SERVICES
EVALUATION FORM

() INPATIENT (X) OUTPATIENT

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Social: The patient was a student at the [REDACTED] in his sophomore year as he was taking up a degree in education. The patient graduated from [REDACTED] and was involved in many sports.

OBJECTIVE

Cognition: The patient is oriented to month and year but not to specific date.

Range of Motion: Right ankle with dorsiflexion deficits as follows: 12 degrees plantarflexion to 50 degrees plantarflexion active range of motion. (e) [REDACTED] Remaining range of motion is within normal limits of bilateral upper extremities and lower extremities.

Motor Control: The patient presents with decreased right upper extremity supination, pronation, and intrinsic musculature of his right hand with positive tremors noted. The patient also with decreased right lower extremity motor control noted about the ankle with symmetric motor control about bilateral lower extremity hips and knees.

Tone: Increased right lower extremity tone about the ankle versus the left lower extremity.

Lower Extremity Coordination: Decreased right lower extremity with alternating dorsiflexion and plantarflexion movements. Patient with symmetric and decreased lower extremity coordination with heel-to-toe, shin, and knee activities bilaterally.

Strength: Upper extremities: right upper extremity 4/5 triceps, 4/5 biceps, 4/5 shoulder. Left upper extremity presents at 4+/5 shoulder. Lower extremities: right hip flexion presents 4-/5, right hamstrings 4/5, 3+/5 right anterior tibialis, 2/5 right ankle eversion. Left lower extremity within normal limits. Grip strength: patient with decreased right grip strength versus left; this was not specifically tested this date.

Sensation: The patient presents with intact upper and lower extremity proprioception and kinesthesia tactile sense with all movements.

Balance and Posture: Patient with good sitting dynamic and challenged sitting balance. Standing balance with the following deficits: patient with decreased posterior balance with challenged activities and dynamically reaching posteriorly. Patient routinely loses his balance posteriorly with reaching activities and with challenged activities. Patient also noted with minimal hip and ankle strategies as well as slow stepping strategies noted with challenged and dynamic standing activities.

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REHABILITATION SERVICES
EVALUATION FORM

() INPATIENT (X) OUTPATIENT

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Sensory Interaction and Standing Balance: The patient is without vestibular complaints with the following testing. Eyes open on firm surface: patient is able to hold 30 seconds with bilateral lower extremities in standing without loss of balance noted. With single leg stance the patient is able to hold for 5 seconds on left and right lower extremity without loss of balance. Eyes closed on firm surface: patient is able to hold for 15 seconds with bilateral lower extremities in stance with increased mediolateral sway and decreased right lower extremity weightbearing noted. Upon single leg stance the patient on right lower extremity for 5 seconds and left lower extremity for 2 seconds without loss of balance. Eyes open on foam surface: patient is able to double leg stance for 10 seconds with increased posterior balance deviations noted. Patient only with 2 seconds with left lower extremity single leg stance noted with significant loss of balance. Eyes closed on foam surface: patient is unable to perform double leg and single leg stance.

Mobility: The patient demonstrates independence with all rolling and scooting in bed. The patient is noted with increased difficulty scooting supine versus rolling.

Transfers: The patient is independent with sit to stand and stand pivot transfers. With advanced transfers, the patient requires contact guard to minimum assistance of one for balance.

Ambulation: Patient utilizes a left straight cane and ambulates with standby assistance on level surfaces with the following gait deviations: decreased right knee range of motion, decreased right heel contact with increased foot drop noted with fatigue, and decreased right step length noted versus left. The patient occasionally increases right toe drag with increased fatigue. With quick stops the patient does not have any loss of balance. With quick turns the patient with occasional posterior loss of balance in four out of five attempts. With horizontal head movement the patient presents with increased gait deviations including toe drag and posterior deviating balance.

PHYSICAL THERAPY ASSESSMENT:

Behavioral Observations: Patient with a flat affect for 90% of the treatment session.

Strengths: The patient with memory and cognition as well as concentration strengths noted.

Weaknesses: 1) Decreased right lower extremity motor control greater than left lower extremity. 2) Patient with increased balance deficits upon standing and high level mobility. 3) Decreased independence with gait and increased reliance on cane or assistive device. 4) Increased gait deviations.

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REHABILITATION SERVICES
EVALUATION FORM

Evaluation Date: 01/06/99

() INPATIENT (X) OUTPATIENT

SHORT TERM GOALS: Please refer to the most recent [REDACTED]
[REDACTED] physical therapy treatment records for short term goals.

LONG TERM GOALS: Maximize patient's functional independence, mobility, and safety, to return to prior activities including independent living.

PHYSICAL THERAPY RECOMMENDATIONS AND PLAN: Physical therapy plans to see the patient up to five times a week to increased independent mobility, balance, bilateral lower extremity motor control and safety with activities of daily living and mobility in the department and in the community.

Date: 1/6/99

[REDACTED]
d 01/06/99 t 01/07/99

cc: Business Office
Clinician's File

[REDACTED] MD

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OCCUPATIONAL THERAPY REQUEST FORM

Date: 12-22-98

Patient's Name [REDACTED]

Age 19

Patient's Address [REDACTED]

Phone [REDACTED]

Medical Record Number [REDACTED]

Does patient have transportation? ☒ Yes ☐ No

Type of Insurance [REDACTED]

Physician Dr. [REDACTED]

Dr. [REDACTED]

Diagnosis/Condition Requiring Treatment S/P TBI

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Precautions: [REDACTED]

ASSESSMENTS:

- ☐ Assessment for Adaptive Equipment
- ☐ Environmental Assessment
- ☐ Evaluation For Treatment Recommendations With Report

- ☐ Orthotic Evaluation
- ☐ Pre-Driving Evaluation

TREATMENT:

- ☒ Activities of Daily Living (ADL) Training
- ☒ Homemaking Skills Training
- ☒ Vision/Sensory/Perceptual Treatment
- ☐ Cognitive Skills Training
- ☐ Joint Protection Techniques
- ☐ Work Simplification/Energy Conservation
- ☒ Family/Caregiver Education & Training
- ☐ Home Program Planning

- ☐ Range of Motion to [REDACTED]
- ☒ Muscle Strengthening to ⑧ UE's
- ☒ Dexterity and Coordination
- ☐ Work Tolerance Training
- ☐ Facilitation Techniques
- ☒ Sitting, Standing Balance Training
- ☐ Transfer Training
- ☐ Wheelchair Skills Training
- ☐ Psychosocial Skills Training

OTHER:

- ☐ Adaptive Equipment [REDACTED]
- ☐ Inhibitory Casting to [REDACTED]

- ☐ Splint Fabrication [REDACTED]

Additional Information: Any questions, please feel free to contact

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Frequency: 3x/week

Duration: 4-6 wks.

Physician's Signature: [REDACTED]

Physician's Name (print): Dr. [REDACTED]

PATIENT NAME: [REDACTED]

MEDICAL RECORD NO. [REDACTED]

DESCRIPTION OF HOSPITAL COURSE/DATES OF INVASIVE PROCEDURES/SUBJECTS:

Asplenic male admitted 11/7 to [REDACTED] transferred to [REDACTED] 11/8. Pt. was found unresponsive on down room. Found to have DKA. Treated for pancreatitis, hepatitis, rhabdomyolysis, upper GI bleed and acute renal insufficiency and hypokalemia. Pt. required mechanical ventilation + trach placed 11/25, slow wean currently on t-piece. Pt. also required periodic dialyses for short interval slow neuro improvement, presently oriented to person, knows and uses hand gestures appropriately c times. Follows few simple commands? related to

PRIMARY NURSING PROCEDURES/TEACHING/SUMMARY: (ie. IV therapy, traction, etc.) weakness, (hand flaccid.

✓ BS 96% - sliding scale coverage and 30w NPH q 12.
Trach care q 8 - copious secretions, frequent suctioning.
Complete ABG's.

12/8 - PEG blew; trach tied to #4 pharyngeal cuff - trach capped per C/A/C
NAB 95-96%
Clear HT since 11/5 No + P20 - Amylase lipase 12/11 - O2 7 capped E O2 as needed to keep O2 Sat 94
FIVE 10 - 4 wks. - Flapstick O2 sliding on K/P as appropriate

CURRENT NURSING ASSESSMENT:

BP 134/80 T 37.2 P 100 R 20 H 6'1" W 90.7Ks
Lungs: Lung Clear. Resp. unlabored. No wheezes - green yellow sputum.
Heart/Pulse: Heart tones strong & regular, tachy, A-C. Diaphragm clear. No crackles.
Abdomen: Ab. soft, non-tender, non-distended.
EARS: No nasal mucus / no stridor.
Edema: No edema. No pedal pulses.

MOBILITY STATUS:

Prosthesis _____ Crutches _____ Amputation _____
Wheelchair _____ Sit _____ Bed to chair _____
Walking _____ Crawl _____ 1 assist _____
Cane _____ Roll _____ 2 assist _____
Walker _____ Infant Seat _____ Total lift _____
Paralysis _____ Contractures _____ Independent _____

NUTRITIONAL STATUS:

FEED: self N/A, spoon N/A, syringe poor, supervised/assist refuses. APPETITE: good N/A, fair N/A, poor, refuses. FEEDING TUBE: #20 size, type PEG, date inserted: 12-8-98, bottle.

ELIMINATION:

continent, incontinent, stool, urine, ostomy catheter Foley, date of last BM 12-9-98, size 12-8, date inserted.

MENTAL STATUS:

alert, cooperative, restless, confused, agitated, forgetful, disoriented, violent, noisy.

DESCRIPTION OF BEHAVIOR:

Needs vital signs. Has some communication. Follows some simple commands.

Nurse's Signature: [REDACTED]

Placed. Mon. [REDACTED] White COP [REDACTED] 6000 legs

COMMUNICATION:

Sight: ☒ Good ☐ Poor. ☐ Glasses ☐ Contacts. Hearing: ☐ Good ☐ Hard of hearing. Wears hearing aid: ☐ Right ☐ Left. Speaking: ☐ Aphasic ☐ Sign Language. Language spoken: English.

☐ Answers only yes and no ☐ Reads ☐ Writes

SKIN CARE:

☐ Intact ☐ Irritated ☐ Open. Locations: Hair on - scant and yellow. Size: according to old drug, no address. Drainage (describe): Clear. PEG site - slight redness to site & culture taken: ☐ Yes ☐ No. Date: 12-9-98. Results: Cherted red-brown drug.

Rx used:

ACTIVITIES OF DAILY LIVING:

Bathing: self, assist, dependent. Dressing: self, assist, dependent. Oral care: self, assist, dependent. Dentures: upper, lower.

RESTRAINTS:

Use: continuous, HS only, Wheelchair. Type: Geri chair, chest/veat, wrist, waist/pelvic.

MEDICATIONS GIVEN TODAY/TIME/PERTINENT LAB DATA:

Please see copy of med sheets

Date: 12-9-98

Exchange Care Provider YELLOW COPY - Medical Record PINK COPY - Social Work Services

PATIENT NAME		REPORT DATE & TIME		REQUESTED BY
		2/11/99 2:42		
SEX	AGE	DATE DRAWN	ACCOUNT NUMBER	
M	019Y	2/08/99		
RECEIVED DATE & TIME		BIRTHDATE	MEDICAL RECORD NUMBER	
2/08/99 21:09				

TEST NAME	RESULTS	UNITS	REFERENCE RANGE
CBC			
WBC	7.8	X 10(3)	4.8 - 10.8
RBC	5.65	X 10(6)	4.7 - 6.1
HGB	17.4	G/DL	14 - 18
HCT	53.0	%	42 - 52
MCV	93.8	FL	80 - 94
MCH	30.7	PG	27 - 31
MCHC	32.7	G/DL	33 - 37
RDW	13.2		11.5 - 14.5
PLATELET	282	X 10(3)	130 - 400

DIFFERENTIAL			
NEUTROPHIL	70	%	50 - 70
LYMPHOCYTE	23	%	20 - 40
MONOCYTE	6	%	2 - 8
EOSINOPHIL	1	%	0 - 3
BASOPHIL	0	%	0 - 1
BAND		%	0 - 6

MORPHOLOGY

NORMAL
BY AUTOMATED
PARAMETERS

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TSH	1.04	UIU/ML	.4 - 7
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CARDIAC RISK (LIPID) PANEL

TRIGLYCERIDE	134	MG/DL	35 - 160
CHOLESTEROL	147	MG/DL	10 - 200
HDL CHOLESTEROL	37	MG/DL	50 - 100
RISK RATIO	4.0		1 - 5
LDL CHOLESTEROL	83	MG/DL	1 - 130
VLDL CHOLESTEROL	27	MG/DL	1 - 75

CHEM PANEL

GLUCOSE	119	HIGH	MG/DL	70 - 110
BUN	12		MG/DL	5 - 20
CREATININE	0.7		MG/DL	.4 - 1.6
CALCIUM	9.9		MG/DL	8.8 - 10.5
SODIUM	144		MEQ/L	135 - 145
POTASSIUM	4.2		MEQ/L	3.8 - 5.1
CHLORIDE	108		MEQ/L	99 - 112
CO2	30		MEQ/L	23 - 33
AST (SGOT)	23		IU/L	5 - 30
ALK PHOS	151	HIGH	IU/L	30 - 120
T BILIRUBIN	0.6		MG/DL	.1 - 1.2
T PROTEIN	7.4		GM/DL	5.7 - 8.2
ALBUMIN	4.6		GM/DL	3.2 - 5
A/G RATIO	1.6			1.1 - 1.8

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